TEXAS DEPARTMENT OF HEALTH — DEMOLITION / RENOVATION NOTIFICATION FORM

NOTE: CIRCLE ITEMS THAT ARE AMENDED — T D H — NOTIFICATION#_____

For Office Use Only ☐TAHPA ☐NESHAP ☐T ☐H ☐L VIOLATION ☐YES ☐NO RCVD / / / / POSTMARK / /

1) Abatement Contractor: NA License No.: NA
Address: NA City: NA State: NA Zip: NA
Office Phone Number: NA Job Site Phone Number: ( ) N/A
Site Supervisor: NA TDH License Number: NA
Site Supervisor: NA a TDH License Number: NA
Trained On-Site NESHAP Individual: N/A Certification Date: N/A

Demolition Contractor: D.H. Griffin of Texas Office Phone Number: (713) 991-4444
Address: 8690 Lambright Road City: Houston State: TX Zip: 77075

2) Project Consultant or Operator: NA TDH License Number: NA
Mailing address: NA
City: NA State: NA Zip: NA Office Phone Number: NA

3) Facility Owner: ASARCO INCORPORATED
Attention: Peggy Munsell
Mailing Address: P.O. Box 1111
City: El Paso State: TX Zip: 79999 Owner Phone Number: (915)541-1800

4) Description or Facility Name: ASARCO INCORPORATED
Physical Address: 2301 W. Paisano County: El Paso
City: El Paso Zip: 79922 Facility Phone Number: (915) 541-1800
Facility Contact Person: Peggy Munsell or Greg Parham
Description of Area/Room Number: Copper Wedge Roaster Building
Prior Use: Wedge Roaster Future Use: None
Age of Building: 68yrs Size: 18,000 sf. Number of Floors: Multiply
School (K-12): ☐ YES [x]NO

5) Type of Work: [X] Demolition | | Renovation (Abatement) | |Annual Consolidated
Work will be during: [x] Day ☐ Evening ☐ Night ☐ Phased Project
Description of work Schedule: Monday- Friday 8:00 to 5:00 p.m.

6) Is this a Public Building? ☐ YES [x] NO Federal Facility? ☐ YES [x] NO Industrial Site? [x] YES ☐ NO
NESHAP-Only Facility? [x] YES ☐ NO Is building /Facility Occupied? ☐ YES [x] NO

7) Notification Type CHECK ONLY ONE
[x] Original (10 Working Days) ☐ Cancellation ☐ Amendment ☐ Emergency/Ordered

If this is an amendment, which amendment number is this? N/A (ENCLOSE COPY OF ORIGINAL)
If an emergency, who did you talk with at TDH? N/A Emergency# N/A
Date and Hour of Emergency (HH/MM/DD/YY) N/A
Description of the sudden, unexpected even explanation of how the event caused unsafe conditions or would cause equipment damage (computers,machinery, etc.): N/A

8) Description of procedures to be followed in the event that unexpected asbestos is found or previously non-friable asbestos material becomes crumbled, pulverized, or reduced to powder: Affected area will be immediately restricted with barrier tapes, signs and poly. ACM will be wetted and cleaned up with Hepa Vacs and wet wiped. Air monitoring will be initiated. Abatement Contractor would be contacted, Local authorities notified.

9) Was an Asbestos survey performed? [x] YES ☐ NO Date: 2/4/97 TDH Inspector License No: NA
Analytical Method: [x] PLM ☐ TEM ☐ Assumed TDH Laboratory License No: 30-0011
(For TAHPA (public building) projects: an assumption must be made by a TDH Licensed Inspector)

10) Description of planned demolition or renovation work, type of material, and method(s) to be used: Demolition of Copper Wedge Roaster building (steel structures, foundations, hoppers, flues, etc.)

11) Description of work practices and engineering controls to be used to prevent emissions of asbestos at the demolition/renovation site: Regulate area, wet methods utilized.

PLAINTIFF'S EXHIBIT

ASA-1365

12) ALL applicable items in the following table must be completed: **IF NO ASBESTOS PRESENT CHECK HERE [X]**

Asbestos-Containing Material Type	Approximate amount of Asbestos		Check unit of measurement					
	Pipes	Surface Area	Ln Ft	Ln M	SQ Ft	SQ M	Cu Ft	Cu M
RACM to be removed	N/A	N/A						
RACM NOT removed	N/A	N/A						
Interior Category I non-friable removed	N/A	N/A						
Exterior Category I non-friable removed	N/A	N/A						
Category I non-friable NOT removed	N/A	N/A						
Interior Category II non-friable removed	N/A	N/A						
Exterior Category II non-friable removed	N/A	N/A						
Category II non-friable NOT removed	N/A	N/A						
RACM Off-Facility Component	N/A	N/A						

13) Waste Transporter Name: Union Pacific Railroad TDH License No: NA
Address: 210 North 13th Street City: St. Louis State: MO Zip: 63103
Contact Person: Cy Grvenloh Phone Number: (800) 243-5416

14) Waste Disposal Site Name: Waste Control Specialists
Address: 9998 W. Hwy 176 City: Andrews State: NM Zip: 79714
Telephone: (505) 394-4300 TNRCC Permit Number: 50358

15) For structurally unsound facilities, attach a copy of demolition order and identify Governmental Official below:
Name: N/A Registration No: N/A
Title: N/A
Date of order (MM/DD/YY) N / A / Date order to begin (MM/DD/YY) N / A /

16) Scheduled Dates of Asbestos Abatement (MM/DD/YY) Start: NA Complete: NA

17) Scheduled Dates Demolition/Renovation (MM/DD/YY) Start: February 2, 2000 Complete: March 1, 2000

**** Note: If the start date on this notification can not be met, the TDH Regional or Local Program office Must be contracted by phone prior to the start date. Failure to do so is a violation in accordance to TAHPA, Section 295.61.****

I hereby certify that all information I have provided is correct, complete, and true to the best of my knowledge. I acknowledge that I am responsible for all aspects of the notification form, including, but not limiting, content and submission dates. The maximum penalty is $10,000 per day per violation.

Peggy A Munsell — (Signature of Building Owner/ Operator or Delegated Consultant/Contractor)
Peggy Munsell — (Printed Name)
01/13/2000 — (Date)
(915) 521-3640 — (Telephone)
915) 541-1866 — (Fax Number)

MAIL TO:

ASBESTOS NOTIFICATION SECTION
TOXIC SUBSTANCE CONTROL DIVISION
TEXAS DEPARTMENT OF HEALTH
EXCHANGE BUILDING, SUITE N320
8407 WALL STREET
AUSTIN, TX 78754

f\users\peggy\asbestos\roastdem.wpd
Faxes are not accepted

PH: 512-834-6600, 1-800-572-5548

Faxes are not accepted

Form APB#-5, dated 12/08/98. Replaces TDH form dated 09/15/97. For assistance in completing form, call 1-800-572-5548

[redacted]

[redacted]

UNITED STATES POSTAL SERVICE

2 AUSTIN TX 787
PM

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Peggy Munsell

ASARCO INCORPORATED
EL PASO PLANT
P.O. BOX 1111
EL PASO, TEXAS 79999-1111

79999/1111

[redacted]

[redacted]

[redacted]

[redacted]

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

estos Notification Section
H
hange Bldg Suite N320
07 Wall Street
stin TX 78754

COMPLETE THIS SECTION ON DELIVERY

A. Received by *(Please Print Clearly)* | B. Date of Delivery

C. Signature
X Deborah L Marlow R.S. ☐ Agent ☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Copy from service label)*
Z 157 242 213

PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789

Welse Roaster

[redacted]

[redacted]